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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

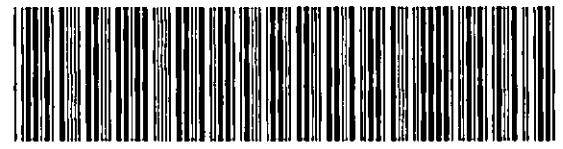
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
FALL AVE SE
TALLAHASSEE FLORIDA

08/29/17

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: South Florida Letter Carriers Holding Corporation
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jeffrey C. Roth

Name (Printed or typed)

866 South Dixie Highway

Address

Coral Gables, FL 33146

City, State & Zip

305-662-4141

Daytime Telephone number

jeff@rothandscholl.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME South Florida Letter Carriers Holding Corporation
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14361 Commerce Way, Suite 203
Miami Lakes, FL 33016

Mailing address, if different is: _____

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OFFICE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes, the making of distributions to organizations that also qualify as Section 501(c)(3) exempt organizations. This includes, but is not limited to providing benefits and services to or for members of the Tropical Letter Carriers Holding Corporation which is another exempt organization under Section 501(c)(3) of the Internal Revenue Code. All funds, whether income or principal, and whether acquired by gift of contribution or otherwise, shall be devoted to said purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ The Directors will be elected at an annual meeting called for that purpose.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Billie Nutter - President/Director	Name and Title:	Paul Lchoux-Director
Address	19616 Bob O Link Drive Hialeah, FL 33015	Address:	10201 NW 24 Court Sunrise, FL 33222
Name and Title:	Matthew Rose- Director	Name and Title:	Javier Rodriguez -Secretary/Director
Address	129 Ashby Cove Lane New Smyrna Beach, FL 32168	Address:	12418 NW 7 Lane Miami, FL 33182
Name and Title:	Maria Masson - Director	Name and Title:	Eugenio Perez - Treasurer/Director
Address	2291 NW 30 Street Miami, FL 33142	Address:	6501 SW 7 Street Pembroke Pines, FL 33023

Name and Title: Michael Gill - Vice President/Director Name and Title: _____

Address: 18682 SW 93 Court Address: _____
Cutler Bay, FL 33157 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey C. Roth
Address: 866 South Dixie Highway
Coral Gables, FL 33146

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HALL
STATE
FALLS
FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Billie Nutter
Address: 19616 Bob O Link Drive
Hialeah, FL 33015

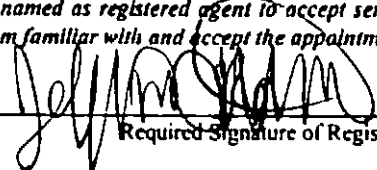
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

08/24/17
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Billie Nutter Required Signature of Incorporator

08-23-2017
Date